

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28071**
Registrar's No. **70**

Primary Registration District No. **5280**

1. PLACE OF DEATH:

(a) County **Clay**
(b) City or town **Rural - Liberty Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **R.F.D. #2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
In this community **12 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Mrs. Delma Rosetta Whitmer Brandt

(b) If veteran, name war **no**

(c) Social Security No. **no**

4. Sex **Female** 5. Color or race **white**
6. (b) Name of husband or wife **A.C. Brandt** 6. (c) Age of husband or wife if alive **48** years
7. Birth date of deceased **January 30 1898**
(Month) (Day) (Year)

8. AGE: Years **43** Months **5** Days **7** If less than one day hr. min.

9. Birthplace **Wilton Junction Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **John M. Whitmer**
13. Birthplace **Wilton Jct. Iowa**
(City, town, or county) (State or foreign country)
14. Maiden name **Hattie Chapman**
15. Birthplace **Tipton Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. A.C. Brandt**

(b) Address **Liberty, Missouri**

17. (a) **Burial & Removal** (b) Date thereof **July 10 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland - C. Applegate**

18. (a) Signature of funeral director **A. McClellan**

(b) Address **Hamilton, Missouri**

19. (a) **July 7-1941** (b) **Helena Early**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay** **024**
(c) City or town **Rural - Liberty** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D. #2**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **7**
year **1941** hour **3** minute **P.M.**

21. I hereby certify that I attended the deceased from **7-2-41**
19 **7-7-41** to 19 **7-7-41**
that I last saw her alive on **7-6-41** 19 **1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lympho-sarcoma** Duration **3 mo.**

Due to **550**

Other conditions **Generalized anasarca** **2 wks**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **Generalized anasarca**
Of operations **—**
Of autopsy **—**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **—**
(b) Date of occurrence **—**
(c) Where did injury occur? **—** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **—**

While at work? **—** (Specify type of place) (e) Means of injury **—**

23. Signature **J. R. Schuhmacher** (M, D. or other)
Address **Liberty, Mo.** Date signed **7-7-41**

MAR 28 1958

RECEIVED
District Health Officer No. 8,
District File Number
17-26-41
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

Nettie L. Houghton

Licensed Embalmer No.

3078

P. O. Address

Hamilton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.